

MAY 03 2005

AMENDMENT TRANSMITTAL LETTER

Docket No.
WO-227020

Application No.
10/656,108

Filing Date
September 8, 2003

Examiner
E. A. Leon

Art Unit
2833

Applicant(s): David Silva

Invention: CABLE STRAIN RELIEF DEVICE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	15	- 19 =	4	50	200.00
Independent Claims	3	- 3 =	0		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					320.00

Large Entity

Small Entity

No additional fee is required for this amendment.

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Payment by credit card. Form PTO-2038 is attached.

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Credit any overpayment.

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Dated: May 3, 2005

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/656,108
		Filing Date	September 8, 2003
		First Named Inventor	David Silva
		Art Unit	2833
		Examiner Name	E. A. Leon
Total Number of Pages in This Submission	17	Attorney Docket Number	227.020

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Amendment Transmittal Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	FULBRIGHT & JAWORSKI L.L.P.		
Signature			
Printed name	Thomas S. Hahn		
Date	May 3, 2005	Reg. No.	30,845